

EXPRESS MAIL NO. EL645043268US

PTO/SB/01 (03-06)

Approved for use through 10/31/2002, OMB 0651-0292
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

OR

Attorney Docket Number	161022.90031
First Named Inventor	Brian Bischoff
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention outlined.

ADAPTER FOR COUPLING A SENSOR TO A FLUID LINE

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which becomes available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(3) or (4), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments or the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

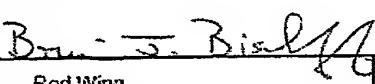
PTO/SB/01 (10-00)

Approved for use through 10/31/2002. GMB 1651-0232

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	26707	OR <input type="checkbox"/> Correspondence address below
Name				
Address				
Address				
City		State	ZIP	
Country		Telephone	Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Brian (first and middle [if any])		Family Name Bischoff or Surname		
Inventor's Signature 		Date 1/3/2002		
Residence: City Red Wing		State MN	Country USA	Citizenship USA
Mailing Address 1694 Red Fox Drive				
Mailing Address				
City Red Wing		State MN	ZIP 55066	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Robert (first and middle [if any])		Family Name Gooch or Surname		
Inventor's Signature		Date		
Residence: City Orem		State UT	Country USA	Citizenship USA
Mailing Address 751 W 550 South				
Mailing Address				
City Orem		State UT	ZIP 84058	Country USA
<input type="checkbox"/> Additional inventors are being named on the <u> </u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box →

PTO/SB/01 (0-00)

Approved for use through 10/31/2002. GPO:0651-0082

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

 Customer Number
or Bar Code Label

28707

OR Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name Brian
(first and middle (if any))Family Name Bischoff
or SurnameInventor's
Signature

Date

Residence: City Red Wing

State MN

Country USA

Citizenship USA

Mailing Address 1694 Red Fox Drive

Mailing Address:

City Red Wing

State MN

ZIP 55066

Country USA

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name Robert
(first and middle (if any))Family Name Gooch
or SurnameInventor's
Signature

Date 1-4-02

Residence: City Orem

State UT

Country USA

Citizenship USA

Mailing Address 751 W 550 South

Mailing Address:

City Orem

State UT

ZIP 84058

Country USA

 Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

EXPRESS MAIL NO. EL645043268US

Please type a plus sign (+) inside this box

PTO/SB/01 (02-01)

Approved for use through 10/31/2002 GMB 085116002

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Brian Bischoff
Title	Adapter for Coupling...
Group Art Unit	
Examiner Name	
Attorney Docket Number	161022.90031

I hereby appoint

Practitioners at Customer Number 26707
OR
 Practitioner(s) named below:



Place Customer Bar Code Label here

26707

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Brian Bischoff

Signature Brian Bischoff

Date 11/3/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments or the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

EXPRESS MAIL NO. EL645043268US

Please type a plus sign (+) inside this box. → +

PTO/SB/16 (02-01)

Approved for use through 10/31/2002. GPO 0561-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Brian Bischoff
Title	Adapter for Coupling...
Group Art Unit	
Examiner Name	
Attorney/Agent Number	161022.90031

I hereby appoint:

Practitioners at Customer Number →

OR

Practitioner(s) named below:

Place Customer Bar Code Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number →

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, one below.

Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 2 minutes to complete. Time will vary depending upon the needs of the individual user. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.